



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
ALARM SYSTEMS CONTRACTORS BOARD
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1168
PHONE (615) 741-9771 FAX (615) 532-2965

ALARM CONTRACTOR COMPANY CERTIFICATION

APPLICANT INSTRUCTIONS - READ INSTRUCTIONS CAREFULLY

REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION

RETAIN THIS INFORMATION FOR YOUR RECORDS

Application Fee \$200.00

Certification Fee (per classification) \$50.00 Date Application Mailed/Submitted to State: _____

(Applicant will be billed for the certification fee once the application is approved. You may submit the full fees at the time of initial application.)

YOU MAY NOT ENGAGE IN OR OFFER TO ENGAGE IN THE BUSINESS OF AN ALARM SYSTEMS CONTRACTOR IN TENNESSEE UNTIL YOUR ALARM CONTRACTOR COMPANY CERTIFICATE HAS BEEN ISSUED.

Actual processing time for this application depends upon your designated qualifying agent. If he/she is under application for Qualifying Agent, the fingerprint reports must be received and all other requirements met.

- Application fees are non-refundable, non-proratable and must be submitted with the application. The application will be returned without processing if the application fee is not enclosed.
- You must report the actual, physical location of your alarm contracting business in Item 1 -- Mailboxes, Etc. or other mail drop addresses are not acceptable. This physical address must be the same as that on your business license(s) and Certificate of Insurance. You may report a mailing address different from your physical address should you desire to receive your correspondence from this office elsewhere.
- Photocopies of all business licenses or permits for the city and county of the business location you plan to certify are required. Should the city and county not require a business license, a statement to that effect from those offices is required.
- A Certificate of Insurance evidencing proof of coverage of general liability insurance. The minimum amount of coverage required is \$300,000 for bodily injury and \$100,000 for property damage, or \$400,000 general aggregate. Refer to Tennessee Code Annotated § 62-32-315(a)(1-3) for details. A "Binder" number is not acceptable and certification will not be issued based on an insurance "Binder."
- You must answer each question on the application. Enter N/A if the question does not apply to you. If you need additional space to answer any question, attach additional 8½" x 11" pages and identify each response by the item number on the application form.
- All individuals and entities owning at least ten percent (10%) of the company must be identified.
- You must designate a qualifying agent who is licensed in the classification(s) the company intends to engage in.
- If your physical address, mailing address or telephone number changes at any time after filing the application, you must notify this office in writing.
- If you or your Designated Qualifying Agent fail to respond to any correspondence from this office, your application is subject to being closed or denied.
- Unless paid in advance, a notice will be forwarded to your company when your application has been approved, requesting the certification fee(s). If this office has not received payment within thirty (30) days of the approval notice, your application will be closed without further notice from this office.
- Fees may be paid by cashiers check, money order or personal check made payable to:
Tennessee Department of Commerce and Insurance
 - It is your responsibility to know and understand the laws and rules regulating alarm contractors in the State of Tennessee. This information was provided with your application packet. Changes to legislation and/or administrative rules will be posted periodically on the Alarm Systems Contractors Board Web Site at: www.state.tn.us/commerce/sec-Indust or mailed to your business address.
 - Please make and keep a photocopy of this application before filing it with this office.
 - Once issued, your certificate must be posted conspicuously within your certified place of business. All alarm systems contractors shall permanently display their alarm certification number on all advertising (including print and broadcast), contracts, correspondence, letterheads, business cards, yard signs, window stickers, service vehicles and the like.
 - The certification issued by this office is not a transferable asset of the company. Any change of ownership or restructuring of your company may/will require you to reapply for certification.
 - Employees working in any position requiring registration with this office may no longer do so if their applications have been closed or denied.



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FOR OFFICIAL USE ONLY - 3303

File # _____

Xact # _____

ALARM CONTRACTOR COMPANY CERTIFICATION

NOTE INSTRUCTIONS ATTACHED TO THIS APPLICATION

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION - TYPE OR PRINT ALL AREAS OF THIS APPLICATION

Instructions: Please read this entire application carefully. Complete all sections and have notarized before returning with the application fee to the above address. Please note: Application fees are not refundable. Submit additional information for any item on a separate sheet of paper.

1. Indicate the classification(s) for which your company and your designated qualifying agent are applying:

- ☐ BURG [Burglar Alarms (Install/Sell/Service)]
☐ FIRE [Fire Alarms (Install/Sell/Service)]
☐ CCTV [Closed Circuit TV (Install/Sell/Service)]
☐ MONITORING (Burg/Fire/CCTV)

2. General Information

Company Name (the name under which your company will be certified)

a. Is the application for: ☐ a sole practitioner ☐ a partnership ☐ a corporation (Inc.)

b. Will you be doing business under any name other than the company name listed above?

Company Name (the exact name under which you will be doing business)

Street Address (physical location)

Mailing Address (if different than street address)

City _____ State _____ ZIP Code _____ County _____

Telephone Number _____ FAX Number _____ Company Web Site Address (If Available) _____

c. List names and positions of officers, principals or partners:

Name _____ Position _____ Name _____ Position _____

Name _____ Position _____ Name _____ Position _____

d. Is this company certified or registered in another state? Yes ☐ No ☐

Name as certified _____ State(s) _____ License Number _____

e. Is this company a corporation?

Yes ☐ No ☐

If yes, provide the following information:

Legal Name of Corporation

Mailing Address of Corporation Headquarters

City

State

ZIP Code

Telephone Number

FAX Number

Corporate Web Site Address (If Available)

Corporate E-mail Address (If Available)

f. If not a corporation, when was this company established?

g. Registered authorized representative of the Company or Corporation:

Name

Position

3. Designated Qualifying Agent for this office location (Refer to Question 6)

Name

Qualifying Agent License Number (If Already Licensed)

Home Address

City

State

ZIP Code

Telephone Number

FAX Number

E-MAIL Address (If Available)

4. List any other license(s) or certification(s) in Tennessee this FIRM holds (other than county/municipal business license/permit):

Type of License

License Number

Type of License

License Number

Type of License

License Number

5. Ownership Information: In accordance with Tennessee Code Annotated §62-32-314(b), list below each person, firm, association, corporation, or other entity that owns or controls 10% or greater interest in this company. *Attach an additional sheet if needed.*

1.

Name: Last

First

Middle

Social Security Number

Interest Held %

Home Address

City

State

ZIP Code

Telephone Number

FAX Number

E-MAIL Address (If Available)

2.

Name: Last First Middle Social Security Number Interest Held %

Home Address City State ZIP Code

Telephone Number FAX Number E-MAIL Address (If Available)

3.

Name: Last First Middle Social Security Number Interest Held %

Home Address City State ZIP Code

Telephone Number FAX Number E-MAIL Address (If Available)

6. Credit references from lending institutions or business firms with whom an established record has been met: list three (3): (Personal Credit References Are Acceptable)

1.

Name of person or institution Address

City State ZIP Code Telephone number

2.

Name of person or institution Address

City State ZIP Code Telephone number

3.

Name of person or institution Address

City State ZIP Code Telephone number

7. Branch Offices / Requirements: Please check one:

- ☐ There are no branch offices doing business in the State of Tennessee as of the date of this application.
- ☐ I understand that each branch office must be certified, have a licensed qualifying agent, and that completed applications with appropriate fees, are required.

8. I HAVE ENCLOSED:

- ☐ a. **A Roster of Employees:** In accordance with Rule 0090-1-.07(11), provide a list of all employees at this location required to be licensed or registered by the Tennessee Alarm Systems Contractors Board on a separate sheet of paper.
- ☐ b. **Business License(s)/Permit(s):** Attach a photocopy of all current business licenses or permits required by the county and/or municipal authorities for your company to operate as a business. If such license or permit is not required, attach a notarized affidavit, signed by the Designated Qualifying Agent, stating such.
- ☐ c. **Proof of General Liability Insurance:** In accordance with Tennessee Code Annotated §62-32-315(a)(1) through (3), attach a current Certificate of Insurance as evidence of coverage of a general liability policy meeting at least the minimum requirements. "Binders" are not acceptable for issuance.

9. STATEMENT OF COMPLIANCE AND UNDERSTANDING:

(Application must be signed under oath and notarized)

I HAVE READ TENNESSEE CODE ANNOTATED TITLE 62, CHAPTER 32, AND AM FAMILIAR WITH THE CORRESPONDING ADMINISTRATIVE RULES.

I UNDERSTAND THAT ANY FALSE STATEMENT(S) AND/OR MISREPRESENTATIONS(S) GIVEN BY ME ON THIS APPLICATION OR ON ANY ATTACHMENTS WILL BE PUNISHABLE UNDER TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 32. THEREFORE, I CERTIFY THAT ALL ANSWERS, STATEMENTS, AND INFORMATION GIVEN HEREIN AND ON ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Authorized Representative

Signature of Qualifying Agent

Notarization of Authorized Representative's signature:

Subscribed and sworn to, before me on this _____ day of _____, _____

[NOTARY SEAL]

Signature of Notary Public

My commission expires: _____

Notarization of Qualifying Agent's signature:

Subscribed and sworn to, before me on this _____ day of _____, _____

[NOTARY SEAL]

Signature of Notary Public

My commission expires: _____